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Fill in this information to identify your case:							
Debtor 1	Daniel Bagnole						
Debtor 2 (Spouse, if filing)							
United States B	ankruptcy Court for the:	Southern District of New York					
Case number (if known)							

Check as directed in lines 17 and 21:							
1	According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 4,351.54 5,511.45 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Daniel Bagnole Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 \$ 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you____ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10, Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 4,351.54 5,511.45 9,862.99 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 9.862.99 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Wife's Credit Card's 463.00 463.00 Copy here=> 9,399.99 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 9,399.99 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). 12

15b. The result is your current monthly income for the year for this part of the form.

112,799.88

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Debt	or 1 <u>Da</u>	iniei Bagnoie		Case number (if known)		
16	. Calcula	te the median family income that applies to yo	ou. Follow these steps:			
	16a. Fill	in the state in which you live.	NY			
	16b. Fill	in the number of people in your household.	4			
		in the median family income for your state and si			\$_1	02,384.00
		find a list of applicable median income amounts, tructions for this form. This list may also be availa				
17		the lines compare?	., ., .			
	17a.	☐ Line 15b is less than or equal to line 16c. Or 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NC				termined unde
	17b.	Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcul your current monthly income from line 14 ab	ation of Your Disposa			
Par	t 3:	Calculate Your Commitment Period Under 11 U	.S.C. § 1325(b)(4)			
18.	Сору у	our total average monthly income from line 11	•		\$	9,862.99
19.	contend	the marital adjustment if it applies. If you are r I that calculating the commitment period under 11 s income, copy the amount from line 13.	married, your spouse is	not filing with you, and you		
		he marital adjustment does not apply, fill in 0 on li	ne 19a.		-\$	463.00
	19b. Su	btract line 19a from line 18.			\$	9,399.99
20.	Calcula	te your current monthly income for the year.	Follow these steps:			
	20a. Co	py line 19b	·		\$	9,399.99
	Mu	ultiply by 12 (the number of months in a year).			x	12
	20b. Th	e result is your current monthly income for the year	ar for this part of the for	rm	\$ <u> </u>	12,799.88
						00 004 00
	20c. Co	py the median family income for your state and si	ze of household from li	ne 16c	\$	02,384.00
	21. Ho	w do the lines compare?				
		Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	ordered by the court,	on the top of page 1 of this form, che	eck box 3, The	e commitment
	-	Line 20b is more than or equal to line 20c. Unla commitment period is 5 years. Go to Part 4.	ess otherwise ordered b	by the court, on the top of page 1 of	this form, chec	ck box 4, The
Par	t 4: S	Sign Below				
	By signi	ng here, under penalty of perjury I declare that th	e information on this sta	atement and in any attachments is to	rue and correc	et.
)	(/s/ Da	niel Bagnole				
		el Bagnole ure of Debtor 1				
	ŭ	august 8, 2019				
	N	IM / DD / YYYY				
	•	necked 17a, do NOT fill out or file Form 122C-2.				
	If you ch	necked 17b, fill out Form 122C-2 and file it with th	is form. On line 39 of th	nat form, copy your current monthly i	ncome from li	ne 14 above.

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Fill in	this information to	o identify you	ır case:							
Debto	r 1 Daniel I	Bagnole								
Debto (Spou	r 2 se, if filing)									
United	d States Bankruptcy	Court for the:	Southern Dist	trict of New York						
Case (if kno	number wn)						☐ Check if	this is an	amended	l filing
	ıl Form 122C-2 Ipter 13 Ca	Iculatio	n of You	r Dispos	able Ir	ncome				04/19
	out this form, you nitment Period (Offi			py of <i>Chapter 1</i>	13 Stateme	ent of Your Curre	nt Monthly Inc	come and	Calculatio	n of
space	complete and accu is needed, attach a onal pages, write y	a separate sh	eet to this form	n, Include the lin						
Part 1	Calculate Yo	ur Deduction	s from Your Inc	come						
the	e Internal Revenue questions in lines ormation may also	6-15. To find	the IRS standa	ırds, go online ι	using the I					
exp	duct the expense an penses if they are hig 2C–1, and do not de	gher than the s	tandards. Do no	ot include any op	erating exp	enses that you su	ubtracted from	income in I		
If yo	our expenses differ	from month to	month, enter the	e average expen	ise.					
Not	e: Line numbers 1-4	are not used	in this form. The	ese numbers app	oly to inform	nation required by	a similar form	used in cha	apter 7 cas	ses.
5.	The number of p	eople used in	determining y	our deductions	from inco	me				
	Fill in the number plus the number of peo	f any additiona	al dependents w	ed as exemptions rhom you suppor	s on your fe t. This num	ederal income tax ber may be differe	return, ent from	4		
Nat	tional Standards	You m	ust use the IRS	National Standa	irds to answ	ver the questions i	in lines 6-7.			
6.	Food, clothing, a Standards, fill in th					I in line 5 and the	IRS National	\$	S	1,786.00
7.	Out-of-pocket he the dollar amount people who are 65 higher than this IR	for out-of-pock or olderbec	et health care. ause older peop	The number of pole have a higher	eople is sp r IRS allowa	lit into two catego ance for health ca	riespeople wh	o are unde	er 65 and	

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Daniel Bagnole Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 4 7c. Subtotal. Multiply line 7a by line 7b. 220.00 Copy here=> 220.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 7g. **Total.** Add line 7c and line 7f 220.00 220.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 817.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 2,167.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Wells Fargo Home Mortgage** 3,689.14 Copy Repeat this amount 3,689.14 3.689.14 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:

Debtor 1	Daniei Bagnole		Case number (if know	വ)	
11.	Local transportation expenses: Check the number of vehic	cles for which you claim	an ownership or o	perating expense.	
	☐ 0. Go to line 14.				
	■ 1. Go to line 12.				
	☐ 2 or more. Go to line 12.				
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for				319.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.				
Ve	hicle 1 Describe Vehicle 1:				
13a.	Ownership or leasing costs using IRS Local Standard		. \$	0.00	
	Average monthly payment for all debts secured by Vehicle 1		·		
	Do not include costs for leased vehicles.				
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mon bankruptcy. Then divide by 60.		at		
	Name of each creditor for Vehicle 1	Average monthly payment			
	-NONE-	\$			
	Total Average Monthly Payment	\$0.00	Copy here => -\$	0.00 Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0), enter \$0	. \$	0.00 Copy net Vehicle 1 expense here => \$	0.00
Ve	hicle 2 Describe Vehicle 2:				
13d.	Ownership or leasing costs using IRS Local Standard			0.00	
13e.	Average monthly payment for all debts secured by Vehicle 2 leased vehicles.	. Do not include costs fo	r		
	Name of each creditor for Vehicle 2	Average monthly payment			
		\$			
	Total average monthly payment	\$	Copy here => -\$	0.00 Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0), enter \$0	\$	0.00 Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of	, ,		, .	0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in what claim more than the IRS Local Standard for <i>Public Trans</i>	what you believe is the ap			0.00

Debtor 1	Daniel Bagnole	Case number (if known)

		n addition to the expense d he following IRS categories		listed above	, you are allowed your monthly expenses	for	
16.	6. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.						1,759.64
17.	Involuntary deductions: The contributions, union dues, an	, , ,	uctions the	at your job re	quires, such as retirement		
	Do not include amounts that	are not required by your job	, such as	voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	Life Insurance: The total mo filing together, include payme Do not include premiums for of life insurance other than te	\$	0.00				
19.	Court-ordered payments: T administrative agency, such a Do not include payments on	as spousal or child support	payments	S	by the order of a court or You will list these obligations in line 35.	\$	0.00
20.	Education: The total monthly	y amount that you pay for e	ducation	that is either i	required:		
	as a condition for your job	, or					
	for your physically or men	tally challenged dependent	child if n	public educ	ation is available for similar services.	\$	0.00
21.	Childcare: The total monthly Do not include payments for				sitting, daycare, nursery, and preschool.	\$	0.00
22.		amount that you pay for health care s not reimbursed by insurance or paid al entered in line 7.					
	Payments for health insurance	ce or health savings accoun	ts should	be listed only	y in line 25.	\$	0.00
23.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.						
24.	Add all of the expenses allowed lines 6 through 23.	owed under the IRS exper	nse allow	ances.		\$	5,101.64
		·	eductions	allowed by th		\$	5,101.64
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability	These are additional de Note: Do not include ar	eductions ny expens ny ivings ac	allowed by the allowances count expen			5,101.64
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance.	These are additional de Note: Do not include ar	eductions ny expens ny ivings ac	allowed by the allowances count expen	s listed in lines 6-24. ses. The monthly expenses for health		5,101.64
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability your dependents.	These are additional de Note: Do not include ar	eductions ny expens vings ac unts that	allowed by the allowances count expensare reasonab	s listed in lines 6-24. ses. The monthly expenses for health		5,101.64
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance	These are additional de Note: Do not include ar rinsurance, and health save, and health savings accord	eductions ny expens vings ac unts that	allowed by the se allowances count expensare reasonab	s listed in lines 6-24. ses. The monthly expenses for health		5,101.64
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance	These are additional de Note: Do not include ar rinsurance, and health save, and health savings accord	eductions ny expens vings ac unts that \$ \$	allowed by the eallowances count expensare reasonab 0.00 0.00	s listed in lines 6-24. ses. The monthly expenses for health		0.00
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to	These are additional de Note: Do not include are insurance, and health sare, and health savings according to the savings	eductions ny expens avings ac unts that \$	allowed by the eallowances count expensare reasonab 0.00 0.00 0.00	s listed in lines 6-24. Ses. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to	These are additional de Note: Do not include are insurance, and health sare, and health savings according to the savings	eductions ny expens avings ac unts that \$	allowed by the eallowances count expensare reasonab 0.00 0.00 0.00	s listed in lines 6-24. Ses. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
Add	Add lines 6 through 23. Ilitional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you Yes Continued contributions to continue to pay for the reaso	These are additional de Note: Do not include ar insurance, and health save, and health save, and health save, and health savings accordatal amount? u actually spend? the care of household or nable and necessary care as f your immediate family who	sylvings accurate that \$ \$ \$ \$ \$ family n and suppose is unable.	allowed by the eallowances count expensare reasonabe 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	c actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	r	
25. 26.	Add lines 6 through 23. Ilitional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you yes Continued contributions to continue to pay for the reaso your household or member of include contributions to an actually versely a spend to a protection against family versely as a simple of the contributions to an actual protection against family versely as a simple of the contributions to an actual protection against family versely as a simple of the contributions to an actual protection against family versely as a simple of the contributions to an actual protection against family versely as a simple of the contributions to an actual protection against family versely as a simple of the contributions to an actual protection against family versely as a simple of the contributions to an actual protection against family versely as a simple of the contributions to an actual protection against family versely as a simple of the contributions to an actual protection against family versely as a simple of the contributions to a contribution against family versely as a simple of the contribution actual protection against family versely as a simple of the contribution actual protection against family versely as a simple of the contribution actual protection actual	These are additional de Note: Do not include ar insurance, and health sa e, and health savings according to the care of household or nable and necessary care at your immediate family who count of a qualified ABLE piolence. The reasonably necessary care and the care of your immediate family who count of a qualified ABLE piolence. The reasonably necessary care and the care of your immediate family who count of a qualified ABLE piolence. The reasonably necessary care and the care of your immediate family who can be care of your immediate.	surings acunts that	allowed by the allowances count expensare reasonabes 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	c actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	r\$	0.00

	Daniel Bagnole	Case number (if known	7)			
28.	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance and operating	g expens	es on		
	If you believe that you have home energy c 8, then fill in the excess amount of home er	costs that are more than the home energy costs included in energy costs	expenses	s on line)	
	You must give your case trustee documents amount claimed is reasonable and necessary	ation of your actual expenses, and you must show that the a	additiona	I	\$	0.00
29.		dren who are younger than 18. The monthly expenses (not expendent children who are younger than 18 years old to attempt the control of the co				
	You must give your case trustee documental claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why the not already accounted for in lines 6-23.	e amoun	t		
	* Subject to adjustment on 4/01/22, and eve	ery 3 years after that for cases begun on or after the date of	adjustme	ent.	\$	320.84
30.		the monthly amount by which your actual food and clothing egallowances in the IRS National Standards. That amount cass in the IRS National Standards.				
		ional allowance, go online using the link specified in the sep so be available at the bankruptcy clerk's office.	arate			
	You must show that the additional amount of	claimed is reasonable and necessary.			\$	0.00
31.	Continuing charitable contributions. The instruments to a religious or charitable orga	e amount that you will continue to contribute in the form of canization. 11 U.S.C. § 548(d)(3) and (4).	ash or fin	ancial		
	Do not include any amount more than 15%	of your gross monthly income.			\$	0.00
32.	Add all of the additional expense deduct Add lines 25 through 31.	tions.			\$	320.84
Ded	uctions for Debt Payment					
		in property that you own, including home mortgages, ve	ehicle			
I	oans, and other secured debt, fill in lines	s 33a through 33e. lent, add all amounts that are contractually due to each secu				
I	oans, and other secured debt, fill in lines To calculate the total average monthly paym	s 33a through 33e. lent, add all amounts that are contractually due to each secu			Averag	je monthly nt
I 0	oans, and other secured debt, fill in lines To calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home	s 33a through 33e. lent, add all amounts that are contractually due to each secu	ured	=>		
I (oans, and other secured debt, fill in lines To calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home	s 33a through 33e. lent, add all amounts that are contractually due to each secunkruptcy. Then divide by 60.	ured	=>	payme	nt
I ∵ 33a.	oans, and other secured debt, fill in lines To calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles	s 33a through 33e. lent, add all amounts that are contractually due to each secunkruptcy. Then divide by 60.	ured		payme	nt
33a.	oans, and other secured debt, fill in lines To calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here	s 33a through 33e. lent, add all amounts that are contractually due to each secunkruptcy. Then divide by 60.	ured		payme	3,689.14
I	oans, and other secured debt, fill in lines To calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here	s 33a through 33e. lent, add all amounts that are contractually due to each secunkruptcy. Then divide by 60.	ured	=>	payme \$	3,689.14 0.00
1 333a. 333b. 333c.	oans, and other secured debt, fill in lines To calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here	is 33a through 33e. Identify property that secures the debt Do inc	ured	=> nent	payme \$	3,689.14 0.00
333a. 333b. 333c.	oans, and other secured debt, fill in lines To calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	is 33a through 33e. Identify property that secures the debt Do inc	oes payn clude tax insuranc	=> nent	payme \$	3,689.14 0.00
I 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	oans, and other secured debt, fill in lines To calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	s 33a through 33e. Itent, add all amounts that are contractually due to each secunkruptcy. Then divide by 60. Identify property that secures the debt Do into or	oes payn clude tax insuranc	=> nent	\$\$	3,689.14 0.00
I 3333a. 333b. 333c.	coans, and other secured debt, fill in lines To calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: The of each creditor for other secured debt	a 33a through 33e. Ident, add all amounts that are contractually due to each secun kruptcy. Then divide by 60. Identify property that secures the debt In or	oes payn clude tax insurand l No l Yes	=> nent	payme \$	3,689.14 0.00
1 0 33a. 33b. 33c.	coans, and other secured debt, fill in lines To calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: The of each creditor for other secured debt	Identify property that secures the debt Identify property that secures the debt	oes payn clude tax insurand No Yes	=> nent	\$\$	3,689.14 0.00
1 0 333a. 335. 336.	coans, and other secured debt, fill in lines To calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: The of each creditor for other secured debt	a 33a through 33e. Ident, add all amounts that are contractually due to each secun kruptcy. Then divide by 60. Identify property that secures the debt In or	oes payn clude tax insurand No Yes	=> nent	\$\$	3,689.14 0.00
I 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	coans, and other secured debt, fill in lines To calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: The of each creditor for other secured debt	Identify property that secures the debt Identify property that secures the debt	oes payn clude tax insurand l No l Yes l No l Yes	=> nent	\$\$ \$\$	3,689.14 0.00
33a. 33b. 33c.	coans, and other secured debt, fill in lines To calculate the total average monthly paym creditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: The of each creditor for other secured debt	a 33a through 33e. Ident, add all amounts that are contractually due to each secunkruptcy. Then divide by 60. Identify property that secures the debt In or	oes payn clude tax insurand l No l Yes l No l Yes	=> => nent res ce?	\$\$ \$\$	3,689.14 0.00
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otor 1 Dan	iei Bagnoie			Case	e number (<i>if known</i>)		
•	debts that you listed in lir property necessary for yo		•		,		
□ No.	Go to line 35.						
■ Yes.	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill	ossession of your property	addition to the control of the contr	he payments cure amount).			
Name of the	creditor	Identify property that se	cures the deb	ot	Total cure amount	Mont	hly cure int
\A/ II =		10 Leone Court Hig			070 450 47		4 000 54
wells Far	go Home Mortgage	10930 Orange Cou	ınty	\$	276,152.47		4,602.54
				\$ \$	-	$\div 60 = \$$ $\div 60 = +\$$	
				Ψ		. ÷ 00 = 1ψ	
				Total	\$4,602.54	total	4,602.54
	Go to line 36. Fill in the total amount of a ongoing priority claims, su	. ,	ine 19.		\$ 0.00) ÷60 \$	0.00
6. Projecte	ed monthly Chapter 13 pla				\$\$	<u>, 60 \$</u>	0.00
Office of the Exec To find a I	multiplier for your district as the United States Courts (fo cutive Office for United State ist of district multipliers that incl instructions for this form. This lis	or districts in Alabama and es Trustees (for all other di udes your district, go online u	I North Carol stricts). sing the link sp	ina) or by	x	Copy total	
Average	monthly administrative exp	ense			\$	here=> \$	
	of the deductions for debes 33e through 36.	ot payment.				\$_	8,291.68
otal Deduc	ctions from Income						
8. Add all d	of the allowed deductions						
expens	ne 24, All of the expenses a e allowances			5,101.64	_		
Copy lir	ne 32, All of the additional e	xpense deductions	\$	320.84	_		
Copy lir	ne 37, All of the deductions	for debt payment	+\$	8,291.68			
Total de	eductions		\$	13.714.16	Copy total here=	:> \$	13,714.16

Debtor 1	Daniel E	Bagnole	1		Case	numl	ber (if known)		
Part 2:	Determ	nine You	Disposable Income Under 11 U.S.C. §	1325(b	o)(2)				
			ent monthly income from line 14 of For urrent Monthly Income and Calculation					\$9	,399.99
ch dis red	ildren. The ability pay beived in a	e monthly ments fo ccordance	y necessary income you receive for sulvaverage of any child support payments, radependent child, reported in Part I of Fewith applicable nonbankruptcy law to the ded for such child.	foster c	are payments, or 2C-1, that you	\$	0	.00	
em in '	nployer with 11 U.S.C.	hheld fro § 541(b)(tirement deductions. The monthly total on wages as contributions for qualified reting plus all required repayments of loans fr § 362(b)(19).	rement	plans, as specified	\$	0	.00	
42. To	tal of all d	leductio	ns allowed under 11 U.S.C. § 707(b)(2)(4). Cop	y line 38 here=>	\$	13,714	.16_	
exp the	penses an eir expense	d you ha es. You n	al circumstances. If special circumstance we no reasonable alternative, describe the nust give your case trustee a detailed exploumentation for the expenses.	specia	I circumstances and				
Descri	ibe the sp	ecial cir	cumstances		Amount of exper	ıse			
					\$				
					\$				
					\$	-			
			То	tal \$_	0.00	Co	py re=> \$	0.00	
44. To	tal adjust	ments. A	dd lines 40 through 43.		=> \$		13,714.16	Copy here=> -\$13	,714.16
			hly disposable income under § 1325(b)	(2). Sul	otract line 44 from lin	ie 39	9.	\$	14.17
ha tim you	nange in ir ve change ne your cas u filed you	ncome o d or are v se will be r petition	r expenses. If the income in Form 122C-1 virtually certain to change after the date yo open, fill in the information below. For ex- check 122C-1 in the first column, enter line when the increase occurred, and fill in the	ou filed ample, i ne 2 in 1	your bankruptcy peti if the wages reported the second column,	ition I inc	and during the reased after		
Form	Lin	ie	Reason for change		Date of change		Increase or decrease?	Amount of change	
☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220	C-2 C-1 C-2 C-1 C-2 C-1					_	☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease ☐ Increase	\$ \$	
122	U-Z					_	Decrease	\$	

Debtor 1	Daniei Bagnole	Case number (Ir known)
	_	
Part 4:	Sign Below	
F	By signing here, under penalty of periury you de	clare that the information on this statement and in any attachments is true and correct.
_	, orgg, and ponding or porjary you do	
Y	/s/ Daniel Bagnole	
_	Daniel Bagnole	
	Signature of Debtor 1	
Date	August 8, 2019	
	MM / DD / YYYY	

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Debtor 1 Daniel Bagnole Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2019 to 07/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Central Credit Services, LLC.

Income by Month:

6 Months Ago:	02/2019	\$3,210.90
5 Months Ago:	03/2019	\$4,812.59
4 Months Ago:	04/2019	\$6,524.45
3 Months Ago:	05/2019	\$4,371.26
2 Months Ago:	06/2019	\$3,193.40
Last Month:	07/2019	\$3,996.65
	Average per month:	\$4.351.54

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Debtor 1 Daniel Bagnole Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **02/01/2019** to **07/31/2019**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: PVH Retail Stores LLC

Income by Month:

6 Months Ago:	02/2019	\$5,248.80
5 Months Ago:	03/2019	\$7,254.10
4 Months Ago:	04/2019	\$5,001.36
3 Months Ago:	05/2019	\$5,042.28
2 Months Ago:	06/2019	\$5,330.58
Last Month:	07/2019	\$5,191.60
	Average per month:	\$5,511.45